

L20000147829

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Ambley

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/05/2020

**\*\*WALK IN\*\***

ENTITY NAME INSIGHT RISK SOLUTIONS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$155.00

ACCOUNT #: I20160000072

*E. R. Webb*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**Electronic Articles of Organization  
For  
Florida Limited Liability Company<sup>1</sup>**

**Article I**

The name of the Limited Liability Company is:

INSIGHT RISK SOLUTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

12640 TELECOM DRIVE  
TEMPLE TERRACE, FL 33637

The mailing address of the Limited Liability Company is:

12640 TELECOM DRIVE  
TEMPLE TERRACE, FL 33637

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

NANCY BAILY  
12640 TELECOM DRIVE  
TEMPLE TERRACE, FL 33637

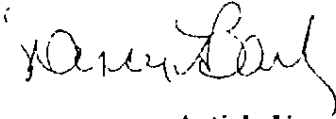
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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<sup>1</sup> Note: The form provided is the output from online filing with the Secretary of State of the State of Florida's website. We have populated responses for online submission, however signatures will have to be procured in accordance with the protocol of the website.

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Registered Agent Signature:



**Article V**

The name and address of managing members/managers are:

Title: MEMBER  
SAFEPOINT HOLDINGS, INC.  
STEVE HOFFMAN, CFO  
12640 TELECOM DRIVE  
TEMPLE TERRACE, FL 33637

Signature of member or an authorized representative of a member

Electronic Signature:



I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.